



Department of Professional Licensing

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone: (502) 564-3296 Fax: (502) 564-4818 ~ <http://dop.ky.gov>

MAILING LIST REQUEST

Please complete the following information to request a licensee mailing list. All lists are created in Microsoft Excel and will be provided electronically via email.

Contact Information

Contact Name _____ Date of Request _____

Email Address (*List will be sent to this address*) Primary Phone Number _____ Secondary Phone Number _____

Company Name _____

Street Address _____ City _____ State _____ Zip Code _____

Indicate the Board You Are Requesting Data From

(Visit <http://dop.ky.gov> for a list of boards serviced by the Department of Professional Licensing)

*Costs for mailing lists are \$30 for Ophthalmic Dispensing.

Please mail your completed form, along with a Thirty Dollar (\$30.00) check or money order made payable to:

Kentucky State Treasurer

Department of Professional Licensing
P.O. Box 1360
Frankfort, KY 40602

Revised 2/26/19